

OFFICE POLICIES AND PROFESSIONAL SERVICES AGREEMENT

Informed Consent for Psychiatric Services

This document contains important information about my professional services and business policies. Please read it carefully and keep a copy for your records. I am happy to answer any questions or provide clarification. Once this document is signed, it will constitute a binding agreement between us.

Services Provided

I am a licensed physician and board-certified psychiatrist providing psychotherapy and medication management for adults. Following your initial assessment, we will discuss treatment options and recommendations. Together, we will decide on the best course of care for you. Psychiatric treatment is a partnership and requires active participation from both of us.

Confidentiality

Your records and the fact that you are being seen here are strictly confidential. You must give written authorization before I may release your records or discuss your care with anyone other than your referring clinician. There are some exceptions:

1. When disclosure is necessary to protect you or another person or persons from danger.
2. When there appears to be abuse of a child, developmentally disabled person, or elderly adult.
3. When I respond to subpoenas, court orders, or legal process.
4. When it is necessary in order to obtain payment that is due.
5. If you are applying for reimbursement from your health insurance, I may be required to provide to your health plan some or all of your record of treatment. By signing the Acknowledgement of Receipt of Office Policies form you consent to release of that information to your health plan.

Insurance

I am not a contracted provider with any insurance plan, including Medicare and Medicaid. Payment is due at each visit. A monthly billing statement will be available for you to download from the Patient Portal. You may choose to submit this statement to your health insurance carrier to receive reimbursement at "out-of-network" rates.

Patient Portal

You can check future appointments, download billing statements and update demographic information here. Log in at www.valantmed.com/Portal/KM.

Prescription Refills

Prescriptions will be sent electronically to your pharmacy and I typically make sure you have refills at each appointment. If your prescription bottle says zero refills, you may need to speak to a live person at your pharmacy, as refills may be available under a different prescription number. If no refills are available, your pharmacy should notify me that you need a refill, but you may also leave me a message. *Please plan ahead and request refills during weekdays 8am-5pm.* After-hours refill requests may incur a convenience charge.

Federal and state databases reporting controlled substance prescriptions are routinely monitored.

Fees and Payment

Initial Office Visit (75-90 minutes):	\$450
Return Visit (50 minutes):	\$250
Return Visit (25 minutes):	\$170

Fees will be reviewed yearly. Payment is due upon arrival for each appointment. Outside collections will be considered as a means to resolution for account balances with no payment activity after 90 days.

It is the expectation that we will complete any paperwork you request during an office visit. Telephone calls are reserved for administrative issues, such as scheduling or medication refills. If a change to treatment is necessary, we will need to schedule an office visit. In rare situations where evaluation of symptoms and treatment planning must be conducted via phone, calls will be billed at a prorated fee.

Cancellations and Missed Appointments

Appointment times are reserved for you. As such, I request a **minimum of 48 hours notice (2 business days) if you need to cancel an appointment**. Appointments missed or cancelled less than 48 hours in advance, as well as non-cancelled and missed appointments, will be billed at full fee.

Contacting Me

512-366-7275 Office Voice Mail and Text Messaging PREFERRED

Messages will be checked and responded to on weekdays 8am-5pm. Please use this number for any non-urgent after-hours calls that can be responded to the following business day. Text with any administrative issues (scheduling, refills, running late, etc).

512-484-2475 Cell Phone

Urgent after-hours calls and emergencies. I do not answer the phone when I am with a patient and will return your call as soon as possible.

Emergencies

For established needing to contact me urgently, please call at 512-484-2475. In the event of a psychiatric or medical emergency, please call 911 or go to the nearest emergency department.

Medical Health, Pregnancy and Medication

Please alert me to any changes in your medical health or if you start any new medications, including over-the-counter medications, supplements or herbal remedies. Some psychiatric medications may pose a hazard to a pregnant woman's baby. If you are considering becoming pregnant or suspect that you may be, please discuss this with me as soon as possible.

Acknowledgment

My signature below indicates that I have read and agreed to the terms of the above Agreement. I have also received a copy of this Agreement. I voluntarily consent to treatment and understand that informed consent ends with the termination of the professional relationship, which I may terminate at any time.

Name	Signature	Date
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My signature below indicates that I have had opportunity to review the Notice of Privacy Practices.

Signature	Date
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